

GOVERNMENT OF ANDHRA PRADESH  
ABSTRACT

Health, Medical and Family Welfare Department – Reducing malnutrition among children- Action to be taken by health functionaries to coordinate with Department for Women, Children, Disabled and Senior Citizens(WCD&SCs), for “Special care and Supervised feeding” of Severely Underweight (SUW)/ Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) children upto 5 years – Guidelines – Issued

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HEALTH, MEDICAL AND FAMILY WELFARE (D2) DEPARTMENT

**G.O.MS. No.87**

**Dated 17.05.2014**

Read the following:-

1. G.O. Ms. 148 Health Medical & Family Welfare (D2) Dept.  
Dated 08.06.2011
2. G.O. Ms. No. 249, Health Medical & Family Welfare (D2) Dept.  
dated 24.09.2012
3. G.O. Ms. No. 57, Health Medical & Family Welfare (D2) Dept.  
dated 30.04.2013
4. G.O. Ms. No. 33, Dept. for WCD&SCs (ICDS-A1) dated 01.12.2012,  
G.O.Ms.No.29, Dept. for WCD&SCs Dt.05.11.2013 &  
G.O.Ms.No.31, Dept. for WCD&SCs Dt.20.12.2013.
5. G.O. Ms. No. 14, Dept. for WCD&SCs dated 28.02.2014
6. G.O. Ms. No. 15, Dept. for WCD&SCs dated 28.02.2014
7. Rashtriya Bal Swasthya Karyakram (RBSK) guidelines issued by  
Govt. of India
8. National Iron Plus Initiative guidelines issued by Government of  
India.

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**O R D E R**

Malnutrition starts in the early stages of life and tends to become chronic later on. As per National Family Health Survey-3 (2005-06), in Andhra Pradesh, 43% of children under five years are stunted, 12% are wasted and 33% are underweight. Anaemia among under-five children is reported to be 71% indicating that malnutrition among children is a major Public Health problem in the State. Besides, 19.4% of the newborns have low birth weight, most of whom get added to the underweight group. Hence, addressing malnutrition requires interventions on issues ranging from age at marriage, nutritional status of mother during pregnancy to nutrition of the children from birth till five years of age.

2. Considering the efforts needed to reduce malnutrition, along with maternal and infant mortality, the three departments working for the welfare of mothers and children, viz., Women, Children, Disabled and Senior Citizens (WCD&SCs), Rural Development (SERP component) and Health Medical and Family Welfare (HM&FW) Departments in the State have decided, vide G.O 2<sup>nd</sup> and 3<sup>rd</sup> read above, to work in a convergent manner along with Self Help Groups (SHGs) and their federations, through the “Maarpu” programme.

3. There are several ongoing and new initiatives to address the problem of malnutrition for mothers as well as for infants and children. In order to address nutrition during pregnancy and early stages of life, Dept. for WCD&SCs has introduced “one full meal” for all pregnant and lactating women under “Indiramma Amrutha Hastham” (IAH) in identified 182 ICDS projects, vide G.Os 4th read above. In the reference 1<sup>st</sup> cited above, thirty Nutrition Rehabilitation Centres (NRCs) have been set up across the State at Teaching Hospitals and District Hospitals and in Area Hospitals located in tribal areas.

4. Undernutrition is identified primarily at the Anganwadi Centres (AWCs) and the children who are categorized as Severe Acute Malnourished (SAM) (who require medical treatment as well as supplementary nutrition), are referred to NRCs for treatment. However, in the absence of a community based programme for supplementary nutrition for SAM children and effective referral linkages, the NRCs do not get utilized in an optimal manner and cannot by themselves take the entire load of such children.

5. In the guidelines issued by Government of India for Rashtriya Bal Swasthya Karyakram (RBSK) vide reference 7<sup>th</sup> read above, the health conditions listed for early detection, free treatment and management include deficiencies like Anaemia especially Severe Anaemia, Vitamin 'A' deficiency (Bitot Spot), Vitamin 'D' deficiency (Rickets), Iodine deficiency (Goitre) and Severe Acute Malnutrition

6. In the references 5<sup>th</sup> and 6<sup>th</sup> read above, the Dept. for WCD&SCs has issued guidelines for coverage of undernourished children upto 5 years of age through "Special care and Supervised feeding". These guidelines in brief are as follows:

- i. Children upto 5 years will be identified as Severely Underweight (SUW) as per the "weight for age" criteria and will be identified as Severe Acute Malnutrition (SAM)/Moderate Acute Malnutrition (MAM) as per the "weight for height" criteria. However children below 6 months who are SUW are automatically SAM and their height need not be measured. Also all children upto 5 years who have nutritional oedema (bilateral pitting oedema) are SAM and their weight and height need not be recorded.
- ii. For such identification, Anganwadi workers (AWWs) will record the weight of children once in a month and will measure their height once in 3 months. Based on the "weight for age" criteria, the AWW will plot the weight for each child in the growth monitoring register and will categorize the child as Severely Underweight (SUW)/ Moderately Underweight (MUW) / Normal, if the graph for the child is in red zone, yellow zone or green zone respectively. Based on "weight for height" criteria, the AWW will use the "Reference Card" and if for a particular height the weight of the child is low/too low, the child is categorized under MAM/SAM.
- iii. All children identified as SUW/ SAM/ MAM upto 5 years will be given "Special care and Supervised feeding". For this purpose model menus have been separately prescribed for the age groups of 7 months – 3 years and 3-6 years. As per these menus, SUW/ SAM/ MAM children will be given caloric dense food every 2 hours. Among these feeds, certain feeds (viz of egg, milk and meal + oil) will be given to "7 months – 3 years" and certain feeds (viz of egg, milk, meal +oil, snack, balamrutham) will be given to "3-6 years" at the AWC itself. The AWW will however supervise not only these feeds at the AWC but also the feeds to be given at home.
- iv. The AWW will also counsel the mothers/ caregivers of the malnourished children on feeding practices, immunization and hygiene.

7. However nutritional intervention alone does not suffice for tackling malnutrition and underlying medical causes also need to be addressed. Hence, the AWWs have been advised to ensure medical examination of all SUW/ SAM/ MAM children by the Medical Officers (Mos), PHC in order to ensure that illnesses/ medical complications are identified, medicines prescribed and dispensed and referral to appropriate facilities or specialists wherever necessary. The AWW/ICDS Supervisor is also instructed to furnish the list of SUM/SAM/MAM children to the ASHA/ ANM/ MO (PHC).

8. In this regard, the Commissioner, Health & Family Welfare has proposed that guidelines be issued to Medical Officers and field staff of Health department in order to ensure that the efforts are coordinated, timely and in synergy with those of the Dept. for WCD&SC towards bringing down malnutrition among under-five children.

9. Therefore, the Government after careful examination of the matter hereby issue the following guidelines to be followed by Medical officers and field Staff of HM&FW department with regard to coordinated action with Dept. for WCD&SCs for “Special care Supervised feeding” of SUW/SAM/MAM children upto 5 years and to eliminate malnutrition among under-five children:

i. Identification of Malnutrition

The health functionaries will support the Dept. for WCD&SCs in systematic identification of malnutrition as per the methodology explained at para 5 (i) above. Mid Upper Arm Circumference (MUAC) tape can also be used for identification of SAM/MAM. If MUAC of a child upto 5 years is less than 11.5 cm, the child is identified as a SAM child, and if the MUAC is between 11.5 and 12.5 cm then the child is identified as MAM. However, with MUAC tape methodology alone, some SAM/MAM children may not get identified. Hence the AWWs have been advised to use the “weight for height” criteria for identification of SAM/MAM children.

ii. Role of ANM/ASHA

- a. After receipt of list of SUW/SAM/MAM children, the ANM along with ASHA will encourage the mother of such a child to feed the child as per the model menus prescribed for “Supervised feeding”.
- b. Administer vaccines if the child is not fully immunized, treat the child for any minor illness and ensure that correct breast feeding practices are being followed.
- c. Refer the infant, child immediately to NRC/ MO (PHC) if an infant less than 6 months in SUW or if the child has nutritional oedema (bilateral pitting oedema).
- d. Ensure that all SUW/SAM/MAM children are examined by the MO (PHC) at least once immediately after identification and again if the weight gain is not satisfactory inspite of “Supervised feeding” for a period of three weeks.
- e. Ensure follow-up of prescribed treatment and dispensing of medicines (if any) to the child by the mother/ caregiver. If referral is made to the hospital /NRC, ensure that the child is sent with mother/caregiver accompanied by ASHA. For this purpose, expenditure on travel will be met from RBSK funds.
- f. Ensure “Supervised feeding” and compliance of follow-up visits of children discharged from NRCs.
- g. Ensure that only iodised salt is used and that it is added only after the cooking is completed. They shall also explain to AWW & mothers that Iodine evaporates with heat if added during cooking.

iii. Role of Medical Officer

- a. The MO (PHC) will examine all SUW/SAM/MAM children at least once immediately after identification by the AWW and again as per necessity or if the weight gain of child is not satisfactory inspite of “Supervised feeding” for a period of three weeks.
- b. For the above purpose, the MO (PHC) will visit the AWCs and will give prior intimation about his visit to the ICDS Supervisors /AWWs /mothers/caregivers through the ANMs / ASHAs.
- c. In particular, the MO(PHC) will examine all SUW/SAM/MAM children identified by the AWW for detecting any underlying causes for malnutrition; for detecting medical complications or illnesses; for prescribing treatment, and dispensing medicines like antibiotics, iron/folic acid/calcium/vitamin/zinc supplementation and deworming medicines wherever necessary; and for referral to NRC/ hospital. In case the weight gain is not satisfactory inspite of “Supervised feeding”, the MO (PHC) will again examine the child for further diagnosis and follow-up.
- d. As medicines prescribed are to be dispensed free of cost the MO (PHC) will assess the requirement and place an indent with the District level Central Medicine Store in a timely manner and ensure that such medicines are available.
- e. The Medical Officer (PHC) will be responsible for the activities listed above. Mobile Medical Teams are also proposed to be setup for the implementation of RBSK. Once a Mobile Medical Team is fully staffed, operational and mobile, covering the area of a PHC, activities listed from (a) to (c) may also be entrusted to the RBSK Mobile Medical Team by the Senior Public Health Officer (SPHO) concerned.

iv. Role of Village Level Maarpu Committee/SHGs/VOs

- a. Discuss the issue of malnutrition in the “Maarpu” meeting.
- b. Address the social factors associated with under nutrition of the identified children, with the help of SHG members and the Gram Panchayat.
- c. Ensure identification and enrolment of SUW/SAM/MAM children for “Supervised feeding”.
- d. Ensure that mothers/caregivers get such children examined by MO (PHC) and follow his/her advice.

10. All other health functionaries will be involved in the above efforts to tackle malnutrition among children. In particular, the MPHS will supervise and support the work of the ANM/ASHA. The SPHO will review the status in the monthly meeting of MO (PHC) and discuss the issue in Maarpu meetings. At the district level, the Addl. DM&HO will support the DM&HO in monitoring the prevalence of malnutrition in the district. At the state level, the Joint Director, Child Health and Immunization (JD-CHI) and State Nodal Officer (RBSK) will be nodal officers supporting the Commissioner (H&FW) for monitoring malnutrition among children.

11. Monthly monitoring reports at Annexure-I & II will be submitted by ANM and MO (PHC) respectively and these will be consolidated at the cluster/district level.

12. The Commissioner Health and Family Welfare and the Director of Public Health and Family Welfare will ensure effective implementation of the above guidelines. They will also issue detailed operational guidelines and implement suitable training programmes for effective implementation. Commissioner Health and Family Welfare in coordination with Commissioner Women Development and Child Welfare, will also get the programme evaluated at the end of one year of implementation and suggest suitable changes in the design of the programme.

**AJAY SAWHNEY**  
**PRINCIPAL SECRETARY TO GOVERNMENT.**

To

The Commissioner, Health and Family Welfare, AP, Hyderabad.

The Director of Public Health and Family Welfare, AP, Hyderabad.

The Mission Director (AP), National Health Mission

The Commissioner, APVVP, Hyderabad.

All District Collectors in the State,

All District Medical and Health officers

All District Coordinators of Hospital Services

The CEO, SERP

**Copy to:**

PS to Prl.Secy to Government, WCD&SCs Dept.,

PS to Prl.Secy to Government, Rural Development,

All Regional Joint Directors of Women Development & Child Welfare in the State,

All Project Directors of Women Development & Child Welfare in the State,

All CDPOs of Women Development & Child Welfare in the State,

The Managing Director, A.P Foods, Hyderabad.

CEO, SERP, A.P, Hyderabad,

SC/SF.

**// Forwarded By Order //**

**Section Officer**

**G.O.Ms.No.47, HM&FW (D2) Dept., dt.17-5-2014**

**Annexure  
Format I**

**Identification and Treatment of SUW/SAM/MAM Children**

(To be prepared by MPH(F), verified and countersigned by MPHS)

Name of the PHC : \_\_\_\_\_

Name of the Sub Centre : \_\_\_\_\_

Year: \_\_\_\_\_

Month: \_\_\_\_\_

Sl No	Name of the Village	Name of the Habitation	Name of the AWC	Child details			Malnutrition status				Medical Checkup			"Supervised feeding"		Remarks	
				Name of child	Sex (M/F)	Age in months	Weight at time of Identification (gms)	SUW/ MUW/ Normal as per "Weight for age"	Height at time of Identification (cms)	SAM/ MAM/ Normal as per "Weight for height" or MUAC	Bilateral Pitting Oedema (Y/N)	Date of Checkup	Medicine prescribed (Y/N)	Medicine given (Y/N)	Date of start of "Supervised feeding"	Satisfactory weight gain during the month (Y/N)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

**Format II**

**Identification, Treatment and Further Referral of SUW/SAM/MAM Children**

Name of the CHNC : \_\_\_\_\_

Name of the PHC : \_\_\_\_\_

Year: \_\_\_\_\_

Month: \_\_\_\_\_

Sl No	Name of Sub Centre	No. of SUW/SAM/MAM Children Identified					Medical Checkup Details			Further Referral		Treatment Completion		Treatment completion	Remarks
		3	4	5	6	7	8	9	10	11	12	13	14		
1	2	No of SUW children as per "Weight for age" criteria	No of SAM children as per "Weight for height" or MUAC criteria	No of MAM children as per "Weight for height" or MUAC criteria	No of children with Bilateral Pitting Oedema	Total no of SUW/SAM/MAM children (3+4+5+6 - overlapping numbers)	No of children who received health checkup atleast once (out of total SUW/SAM/MAM children)	No of children who were prescribed medicines (out of total SUW/SAM/MAM)	No of children who received medicines (out of total SUW/SAM/MAM)	No. of children referred to NRC	No. of children joined NRC	No. of children completed treatment with satisfactory weight gain in 'Supervised Feeding'	No. of children completed treatment with satisfactory weight gain at NRC		